

STATE OF ARKANSAS
PERFORMANCE EVALUATION RATING FORM
Department of Finance and Administration

Employee Name	Social Security Number	Personnel Number	
Title		Class Code	Grade
Position Number	Cost Center	Review Date	
Rater Name		Title	
Social Security Number (Optional)		Phone Number	
Rating Period from		to	

<p style="text-align: center;">RELATIVE IMPORTANCE SCALE</p> <p>A = This duty area represents the major reason the job exists. It is critical to the performance of the job as a whole and to the attainment of Department goals and work unit priorities. In most cases, this duty consumes the majority of the employee's time.</p> <p>B = The duty area is essential to the performance of the job as a whole and to the attainment of Department goals and work unit priorities. In most cases, this duty will consume a significant portion of the employee's time.</p> <p>C = The duty area is important to the performance of the job, but not critical. It generally will not consume a large amount of the employee's time.</p>	<p style="text-align: center;">PERFORMANCE CATEGORY RATING SCALE</p> <p>E = EXCEEDS STANDARD - A rating reflecting the performance of the duties and responsibilities of the job and productivity at a level that substantially exceeds the "Above Average" level of performance.</p> <p>AA = ABOVE AVERAGE - A rating reflecting the performance of the duties and responsibilities of the job at a level which is above the "Satisfactory" level of performance.</p> <p>S = SATISFACTORY – A rating reflecting the performance of the duties and responsibilities which demonstrates competency in the performance of the duties and responsibilities of the job.</p> <p>U = UNSATISFACTORY – A rating reflecting the performance of the duties and responsibilities at a level that is consistently unacceptable in accuracy, quality, or timeliness.</p>
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In the columns below, summarize the evaluation by listing the duty area numbers, summary statements, relative importance indicators, and duty area ratings. Indicate the overall performance evaluation rating (E, AA, S, or U) in the designated area below.

DUTY AREA NUMBER	DUTY AREA SUMMARY	RELATIVE IMPORTANCE (A, B, or C)	DUTY AREA RATING (E, AA, S, or U)
Overall Performance Evaluation Rating			

EMPLOYEE'S NAME	SSN	PERSONNEL #
RATER'S NAME	REVIEW DATE	

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	Summary Statement: Standard: Method of Monitoring: Results:		

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	Summary Statement: Standard: Method of Monitoring: Results:		

EMPLOYEE'S NAME	SSN	PERSONNEL #
RATER'S NAME	REVIEW DATE	

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	<p>Summary Statement:</p> <p>Standard:</p> <p>Method of Monitoring:</p> <p>Results:</p>		

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	<p>Summary Statement:</p> <p>Standard:</p> <p>Method of Monitoring:</p> <p>Results:</p>		

EMPLOYEE'S NAME	SSN	PERSONNEL #
RATER'S NAME	REVIEW DATE	

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	<p>Summary Statement:</p> <p>Standard:</p> <p>Method of Monitoring:</p> <p>Results:</p>		

Duty Area #	Summary, Standard, Method of Monitoring, and Results	Relative Importance	Rating
	<p>Summary Statement:</p> <p>Standard:</p> <p>Method of Monitoring:</p> <p>Results:</p>		

EMPLOYEE'S NAME	SSN	PERSONNEL #
RATER'S NAME	REVIEW DATE	

Standard #	Tasks Assigned	Duty Area	Performance Indicator(s)

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Standard #	Tasks Assigned	Duty Area	Performance Indicator(s)

Standard #	Tasks Assigned	Duty Area	Performance Indicator(s)

Standard #	Tasks Assigned	Duty Area	Performance Indicator(s)

This section is to be completed when the standards are established at the beginning of the rating period.

These standards were established in consultation with the employee named above.

Supervisor's signature	Date
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I have reviewed these standards and understand my performance will be measured against them.

Employee's signature	Date
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I have reviewed these standards and agree that they are appropriate for the position.

Reviewing Official's signature	Date
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This section is to be completed when the evaluation is reviewed with the employee at the end of the rating period.

My supervisor and I have reviewed my performance evaluation. I understand that my signature on this review does not necessarily indicate agreement with the rating, but that I have met with my supervisor.

Employee's signature	Date
Comments (Attach additional pages if necessary)	

My employee and I have reviewed the employee's performance evaluation and all attachments.

Supervisor's signature	Date
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I have reviewed the employee's performance evaluation and all attachments.

Reviewing Official's signature	Date
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